

**SUPPLIER APPLICATION**

<b>Supplier Name or Supplier ID (IFS Number)</b>	
Address Line 1	
Address Line 2	
City	
State	
ZIP	
Country	
Phone Number	
Email Address	
DUNS (Duns & Bradstreet) Number	
<b>This field must be completed if you have DUNS number. If you do not have a DUNS number, please provide 9 digit zip code of Company/Corporate Headquarters</b>	

<b>Payee Name ( if different from above)</b>	
Address Line #1	
Address Line #2	
City	
State	
ZIP	
Country	
Payment Terms Requested	
Payment Method	<input type="checkbox"/> ACH <input type="checkbox"/> BANKGIRO
Currency	
Routing Number	
Account Number	
Accounts Receivable Contact	
Contact Phone#	
Accounts Receivable e-mail address	

**Please find W-9 Form (FED ID Number of SSN) attached. Please fill out the form and return to us at your earliest convenience. Thank you!**

<b>For SGC use only</b>	
Date (dd/mm/yyyy)	/ /
Requested by	
<input type="checkbox"/> New <input type="checkbox"/> Change information <input type="checkbox"/> Inactive	
Supplier ID issued	
W-9 received	<input type="checkbox"/> Yes <input type="checkbox"/> No